# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

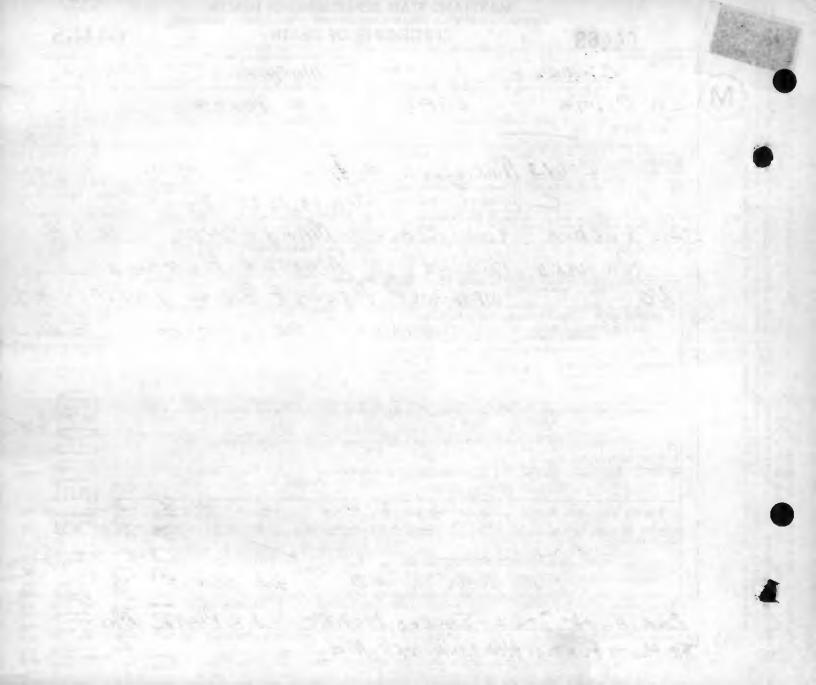
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04465

	172213	01200
		TATE MARYLAND b. COUNTY CHARLES
	b. CITY OR TOWN (If outside corporate limits, write RURAL and given nearest town)  LA PATA  LIFE  X	ITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \begin{array}{c} NO \( \beta \end{array} \)
	3. NAME OF DECEASED (Type or print) LOUIS MARCELLUS BIV.	Lost 4. DATE Manth Day Year OF DEATH APRIL 4 1962
5.	5. SEX  6. COLOR OR RACE  7. MARRIED PNEVER MARRIED  8. DATE  WIDOWED  DIVORCED  TA	OF BIRTH  N. 16, 1888  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths Days Hours Min.   Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 JAIL KEEPER COUNTY JAIL	MARY LAND 12. CITIZEN OF WHAT COUNTRY?
13.	RICHARD BIVINS	MARTHA HEMSLEY
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes, no.) Ordinamen) (If yes, give war or dates of service) 218-16-3088	NES F. BIVINS, LAPLATA, MD
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  CORONAR	OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 2 from
	Conditions, if any, which gove rise to immediate (b)	
7	couse (o), stoting the under- lying couse lost. (c)	THE TO THE TOTAL PARTY OF THE TOTAL PARTY AND THE WAS ALTERED.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO } \text{ PC}
		nature of injury in Port I or Part II of item 18.)
MEDICAL	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work 19 of work 19	INJURY (Home, form, 20f. (City or town) (County) (State) eet, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from. 4	accurred atM, from the causes and an the date stated abave.
	220. SIGNATURE	TTENDING MED STAFF // 225.DATE SIGNED
	22c. PHYSICIAN'S IF. M. SOHNSON M.D.	d. ADDRESS LA PLATA, Mid,
23	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM SMOVAL (Specify) 4-7-62 SACRED HEA	ATORY 23d. LOCATION (City, town, or county) (State)
24	24. FUNERAL PIRECTOR'S SIGNATURE ADDRESS ADDRESS MALE TO THE PROPERTY ADDR	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATEPR 1 0 '62 Circling & France

by the funeral dife PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea of or attending physician.

this certificate has been signed by the attending physician and campletely filled this certificate has been signed by the attender central propers. Pages at the burial-transit permit. Then please remaye captain papers. Pages at the burial-transit permit. page 3.3 hould be detached for use as the burial-transit permit. There the State Board of Health prior to burial, cremation, or remayal, and TO HOSPITAL OR ATTENÇ olRECTOR: / TO FUN VR A15 (4) 1SM 9/59



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DEATH		

**CERTIFICATE OF DEATH** 

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				- Jan	
1. PLACE OF DEATH O. COUNTY Charles		STATE Mary	b. COUNTY	charles	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	OF STAY IN 1b c.		tside corporate limits, write R		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Physicans Memorial Hospital	/d.	STREET ADDRESS Prospect			ON A FARM? YES NO
NAME OF DECEASED (Type or print) MITCHELL CLARK	Middle Coc	HRANE	4. DATE Mon OF DEATH April	th Day	y Year 19 62
6. COLOR OR RACE 7. MARRIED MINEVE	_	oruary 5,	1900 9. AGE (In years lest birthday) 62 yrs.	Manths Doys	IF UNDER 24 HRS. Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman  Howard			, Maryland	U.S.A.	WHAT COUNTRY?
3. FATHER'S NAME John Mitchell Cochrane	14. /	MOTHER'S MAIDEN NA			
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no, or unknown] (If yes, give wor or dates of service) 220-09-			Add	e) - La Pi	lata . Mo
(6)	YSEMA IG TO DEATH BUT NOT R	ELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART I(o) 1	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  ACUTE CARDIO PU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			ort I ar Part II of item 18.)		YES NO
20c. TIME OF INJURY Month, Doy, Yeor While Not who at work at work at work	nile factory, st	FINJURY (Home, farm, treet, office bldg., etc.)	20f. (City or town)	(Caunty)	(State
21. I certify that (I) (this hospital) attended the de saw the deceased alive an 196	ceased fram.	occurred at 291	2, ta APP-1 W, fram the causes an	d an the date	1 1 1
220. SCHATULE beste, yerk	le M.D.	ATTENDING MED	STAFF PHYS.	AP	22b.DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Robert W. Merkle		2d ADDRESS  La Plate	, Maryland		
REMOVAL (Specify)	OF CEMETERY OR CREA		23d. LOCATION (City, town,		(Stote)
REMOVAL (Specify) 4/3/1962 Mt.  24 FUNERAL DIRECTOR: SIGNATURE ADDRE		25a. REC'D		aryland STRAR'S SIGNATUR	

by the funeral directar, 2 shauld be filed with

may be a sained by the Paral or attending physician.

5 FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 harfs after death.

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal TO HOSPITAL OR ATTENE TO FUNE

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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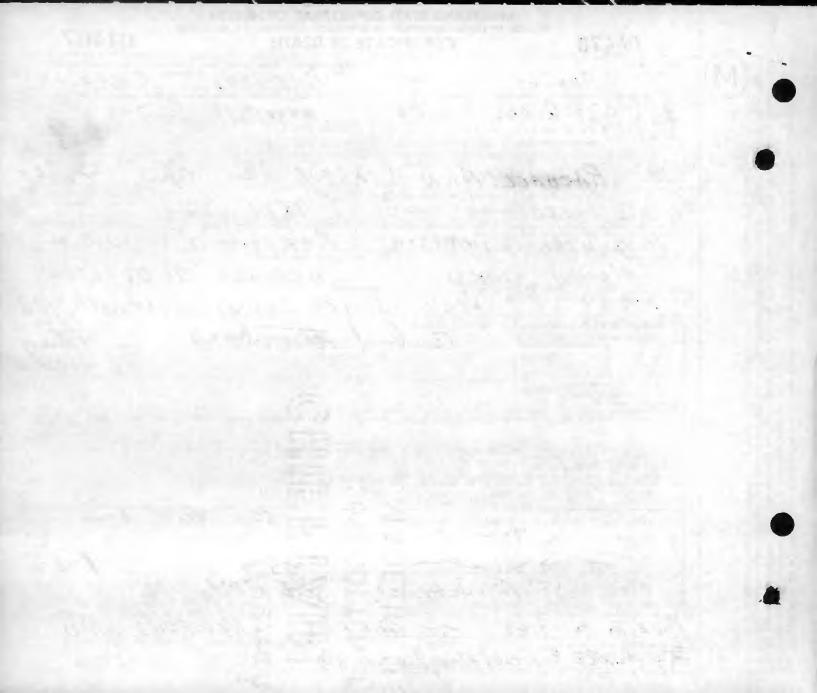
04467

	1. PLACE OF DEATH O. COUNTY  CHARLES  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss a. STATE WARYLAND b. COUNTY CHARLE	ision)
	b. CITY OR TOWN (If autside carporate limits, write RURAY and give peorest tawn)  NEWPORT - RURAL  LIFE	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tow  NEWPORT - RURAL	m)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print) RACHAEL ANN DE	ORSEY 4. DATE Month Doy DEATH CLERY	Year 1962
	S. SEX  16. COLOR OR RACE  7. MARRIED NEVER MARRIED NEVER MARRIED NOVERCED  DIVORCED	8. DATE OF BIRTH  9. AGE (In years last buthday)  Nonths Days Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done during mosts of working life, even if retired)  HOUSE WORK  DOMESTIC	MARYLAND U.S.I	GOUNTRY?
	HENRY DORSEY	MARGARET MIDDLETO	W
	IS, WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or uniformly)  (If yes, give wor or doles of service)  NONE  7.1	OSEPH DORSEY, Hughesville,	Ma
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	of thoubori	
	Conditions, if only, which ) (b)		1
	gove rise to immediate couse (a), stating the under-lying couse last.		<u> </u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO DEA		ORMED?
		D. (Enter nature of injury in Part & Or Port II of item 18.)	
		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County)	(Stote)
	21. I certify that (I) (this haspital) attended the deceased fram.	death accurred atM, from the causes and an the date states	
	22a. SIGNATURE	M.D. ATTENDING DIRECTOR DIRECTOR PHYS.	2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) (F. M. JOHNSON	1 22d. ADDRESS a Plaila, Mai	
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	PARYS NEWPORT, MD	ote)
-	24. FUNERAL DIRECTOR'S SIGNATURE The Howel Funeral Home Was De	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  26. MD DATE MPR 1 0 '62  Outling 8 House	

PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter dea may be restrined by the old or oftending physician.

DEUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENE may be or VR A15 (4) 1SM 9/59

y the funeral director, 2 shauld be filed with



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY ral director. Page of for your files. Board of Health, Charles b. COUNTY Henrice MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) D.O.A. Richmond d, NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? to State Bhysicans Memorial Hospital YES NO TH 2306 Brockway 3. NAME OF Middle 4. DATE Day Year or death. If an , and 3 to the 5 may be reta DECEASED 1962 Gertrude Laf by Alma Greene (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR ) Y MEDIC. XAMINER: This certificate should be executed within 24 hours after deat but the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with graled agent, prior to burial, cremation, or removal, and in any event within 72 hours a last birthdey) Months 9-26-1916 Female White WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
House wife At Home U.S.A. South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifford La Fey Unkown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ^d2506 Brockway Lane (Yes, no, or unkown) (Ifyesgiveweror detes of service) Mr. Frank Greene (Husband) None Richmond , Va. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), [ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Depressed Skull Fracture Left Temporal DUF TO (b) Crushed Chest Conditions, if eny, which geve rise lo Immediele cause **DUE TO** (e), steling the underlying Auto Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I of Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. auto which mulled into path Driver of 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) 19 62 While Not While Newburg Charles 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for FUNERAL 1 SIGNATURE 4-4-1962 DEPUTY MEDICAL EXAMINER TY EXAMINER'S Robert W. Merkle, M.D. Address (Street, city, town, or county) La Plata. 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Removal 0 240 9 1962 Wooddy Funeral Home Richmond . Wirginia 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Circhary S. Kraus Funeral Home DATE APR 9 5M 9/60 Inc. La

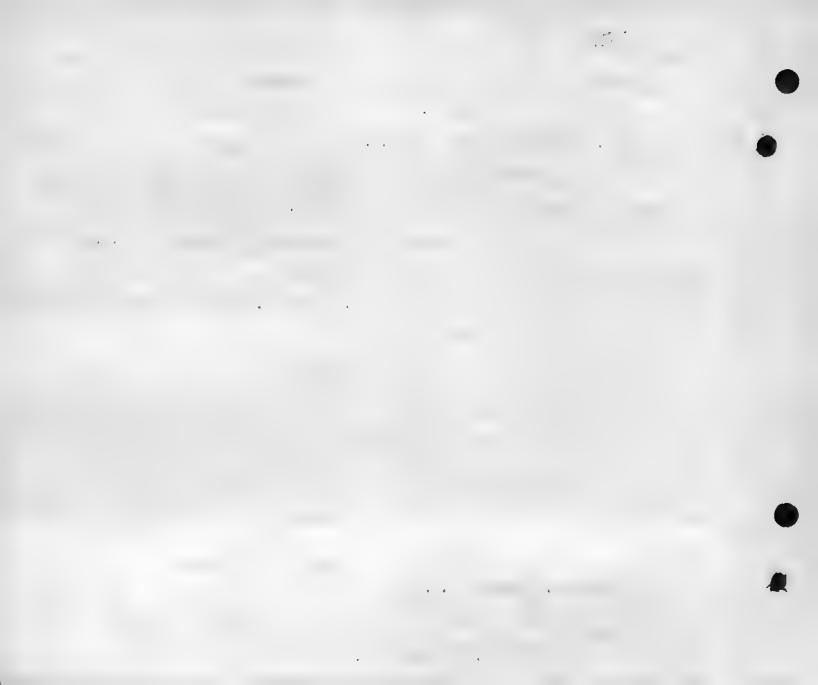
ARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH			
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
HEALTH DEPT,	1. PLACE OF DEATH			
8. £ NA	a. STATE MACC b. COUNTY			
S. S. P. IVI	MARYLAND  MARYLAND  Norfolk  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
is nece rector. your fi	write RURAL and give nyapper town			
	With the way			
for Boar	d. NAME OF HOSPITAL OR HASTITUTION (If not inchessible), give stool address!  d. STREET ADDRESS  ON A FARM?			
5 e e	3. WAME OF THE FIRST WINDS			
the the Stranger dear	DECEASED OF MONTH			
- +	(Type or popl) CFTARLES ARTHUR HALES DEATH 4 -7 1962			
s af	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   F UNDER (YEAR   IF UNDER 24 HRS.			
and and	WIDOWED DIVORCED 1- 18 - 2 6 9 YES.			
2, 2, 2, 2, 3e 5 3e 5 4 2 h	10a USUAL OCCUPATION (Give kind of work down the country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Page 1, 2	Chief & rojtoman beth tell sending the			
24 hours ve Pages 1 PM3. Pag s pages 1 a within 7.	13. FATHER NAME 1 14. MOTHER'S MAIDEN NAME 2			
L Sile PA	arther Alles lust			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or/unkown) [(Hyesgivewarordates of service)]  Address			
	NO 024038086 (leve Steles, be to 2			
ette X X	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
executed iii in Item long wilt ansit perr nd in any	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  LC 9 1			
8 5 0 T W	DUE TO			
ould b in per Office burial- noval,	Conditions, if any, which (b)			
\$ 0 0 0 0 0	gave rise to immediate cause			
are iner	(a), saning size underlying			
This certificate slaword "pending dical Examiner's uld be used as a cremation, or re-				
This certifi word "pe dical Exam ald be use remation,	PERFORMED?			
CR: This of the work Medical Medical should be should be ial, cremain of the crem	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED?  206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.			
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writi writi chi age to b	Hour a.m. While Not While fectory, street, office bldg., etc.)			
NA NEW NA				
cross:	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion			
the certification of agent,	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner			
MED the DIR	CHIEF MEDICAL EXAMINER			
AL Janaje	SIGNATURE			
uld be found with the found of	EXAMINER'S / TO TO DEPUTY MEDICAL EXAMINER			
DERTITY MEDIC.  sesse Cute the certification of the	NAME (Type)  Address (Street, city, town, or county)  Address (Street, city, town, or county)  22e, BURIAL, CREMATION 22b, DATE THEREOF   22c, NAME OF CEMETERY OR CREMATORY   22d, LOCATION (City town or county)			
Short short	REMOVAL (Specify)			
5 2 4 5 2	Burial 4/11/1962   Blue Hill Cemetery   Braintree , Massachusetts			
VS. AISME	23. FUNERAL DIRECTOR ADDRESS  240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE			
5M 9/60	Archart Funeral Home, IncLa Plata Md. DATE 18'62 Commer d. Transc			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTHOOR I, MANYLAND, 1 PRACE OF DEATH  HALLH BEP.  C. C	4	Items 18-21 Film 313 MARYLANDSTATE DEPARTMENT OF HEALTH
Leading of Death   County of alkales compared limit.   County	25	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND
CUIT OR TOWN if autures reported horn,  C. UNGIN OF STATE NAME  D. C. UNGIN	FOR STATE	64473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ANAME OF PATE OF THE PATE OF THE PATE OF THE STREET	HEALTH DEPT.	e. COUNTY b. COUNTY
The Plata of the Plata of the Plata of the Second Control of the C		
A MANGO PHOSPITAL OR BESTITUTION of not in hospital  Physics Memorial Hospital  D.O.A.  DATE Month  DEATH	2 5 to 4	write RURAL and give nearest lown
Phys. Memorial Hospital  D.O.A.J.  Made to processor  In Many Doracessor  In Many Dora		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d STREET ADDRESS    e. IS RESIDENCE
NAME OF DECEMBED DORIS LOTAINE HALEY  5. SEX   S. COLOR OR RACE   7, MARRIND   NOVER   NAME	B B	
TOTAL BOTTOM STATE OF THE STANDARD TO STAN	Start	3. NAME OF First Middle Last , 4 DATE Month Day Year
S. SXX   S. COLOR OR RACE   M. MARKED   S. DATE OF BETTY   S. ACE IN Years   H. Months   Day	f a rel	(Type or print) DORIS Loraine HALEY DEATH April 29, 1962
Female    Military   M	3 to	5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years IF UNDER 14 PRS.
May Hoover    Second   Second	and and mad 2 v 2 v ours	Female White WIDOWED DIVORCED April 18, 1921 4 yrs.
3. FATHER'S NAME   14. MOTHER'S MADEN NAME   14. MOTHER'S MADEN NAME   15. MAD DEFENDED	afte 1, 2, 3e 5 and 2 h	dona during most of working life, even if retired)
Judson Pullian    S. WAS DECEASED NEW N. U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Maryland   Marylan	ours ges Pas 1	That are a second of the secon
The first of the first only one cause per line for (e), (b), and (c), and (	M3. With	
The state of the s	EU EFE	As the protect by his abith concret
PART I DEATH WAS CAUSED BY  MANDIANT CAUSE (a)  DUE TO  Conditions, if any, which give the percentage of the percentage of the remains described above, held an Autopsy II.  PART II DEATH WAS CAUSED BY  PART II DEATH WAS CAUSED BY  BY  CONDITION  DUE TO  CONDITION  (b)  DUE TO  CONDITION  (b)  DUE TO  CONDITION  (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART I(e) 19. WAS ALTOPSY  PERCORMED.  YES DO  COULD BLOCK  CAUSE OF DEATH  TO BE CONTRIBUTING  TO BE CONTRIBUTION  TO B	** ** ** ** ** ** ** ** ** ** ** ** **	J(Yes, no, or unkown) (livesgive war or dates of service)
PART I DEATH WAS CAUSED BY.  87,0 DUE TO Conditions, if any, which give the to immediate cause (a), stating the underlying to the property of	hed hem hem with with with with with with with with	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).
DUE TO Conditions, if eny, which geve itse to immediate cause [6] PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS COULD BE ALL CONDITIONS TO THE AUTHOR OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS COULD BE ALL CONDITIONS TO THE AUTHOR OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS TO THE AUTHOR OF THE TERMINAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURRED TO THE AUTHOR OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT CONDITIONS TO THE AUTHOR OF THE TERMINAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURRED 20c. TIME OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART III OTHER SIGNIFICANT TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART THE TERMINAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. TIME OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART THE TERMINAL CONTRIBUTION GIVEN IN PART 1(e) PART THE TERMINAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. TIME OF NUMBER 1 TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) PART THE TERMINAL CONTRIBUTION GIVEN IN PART 1(e) PART THE TERMINAL CAUSE WAS  20c. EXTERNAL CAUSE WAS  20c. EXTE	xec nong nsit	PART I DEATH WAS CAUSED BY Down to the second of the secon
Conditions, if any, which gover his to immediate cause in the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART II(e) 19, WAS AUTOPPY PERFORMED?  YES TO NO TO THE CAUSE OF DEATH  III TO STORY OF THE CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART II(e) 19, WAS AUTOPPY PERFORMED?  YES TO NO TO THE CAUSE OF DEATH  III TO STORY OF THE CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART II(e) 19, WAS AUTOPPY PERFORMED?  YES TO NO TO THE CAUSE OF DEATH  III TO STORY OF THE CONTRIBUTION COURSED 20, PLACE OF INJURY Home, farm 20t. (City or fown) (County) (State), attended to the county of the county	be ed Se alcol Se alc	On 1
DUE TO    Court   Court   Court   Court	uld in p Offic uria oval	
Cause lest.    Cause lest.   Cause lest.   Cause lest.   Cause was   Cause lest.   Cause was   Cause lest.   Cause was   Cause	sho	geve rise to immediate ceuse
PERFORMED?  YES NO   OUT TO ALL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Hem 18.)  PRIMARY TO OF CONTRIBUTING CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH  OUT TO SO OF THE OF NURY Morth Day Year 20d. INJURY OCCURED 20. PLACE OF INJURY Home, farm 20t. (Gity or lown) (County) (Siele). Hour CACKX 1/ 3 19 2 at work 1 hour causes 1. Accident 1 hour causes 1. Accident 1 hour causes 1. Accident 2 hour causes 1. Accident 3 hour causes 1. Accident 4 hour causes 1. Accident 5 hour causes 1. Accident 6 hour causes 1. Accident 7 hour causes 1. Accident 8 hour cau	andiininel	The state of the s
The story of the story of the remains described above, held an Autopsy (County) (Siele) actual actual from Natural causes (County) (Siele) actual act	inse tion,	
20c. TIME OF NJURY Month Dey Year 20d. INJURY OCCURRED 20 PLACE OF INJURY (Home, farm 20t. (City or lown) (County) (Siete) Hour Xacrax Hour Xacrax April 19 2 at work 1 at work 1 Hour 2	ris call	10
20c. TIME OF NJURY Month Dey Year 20d. INJURY OCCURRED 20 PLACE OF INJURY (Home, farm 20t. (City or lown) (County) (Siete) Hour Xacrax Hour Xacrax April 19 2 at work 1 at work 1 Hour 2	he v hedi houl	20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
Hour Yakok X p.m.  Hour Yakok X	NEA ng t ef A 3 sl	
21 I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry Industry Inquiry	Writ, Chi	
death resulted from Natural causes Accident Suicide Homicide Undetermined manner X  CHIEF MED CAL EXAM NER  ACTUAL SIGNATURE SIGNATURE DATE SIGNED  M.D. Medical Three stigator X  Ly30/62  NAME 'Type Peter W. Rieckert, M.D  Address (Street, c. ly lown, or county)  22a. BUR.AL, CREMATION, 22b DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (C. ly, lown, or county)  REMOVAL (Specify)  Date signed  Ly30/62  NAME 'Type  Pomonkey  Maryland  VS. AISME  VS. AISME  VS. AISME  VS. AISME  Date signed  Address (Street, c. ly lown, or county)  (State  Pomonkey  Pomonkey  ADDRESS  Accident  Suicide  Homicide  Undetermined manner X  Ly30/62  Ly30/62  Ly30/62  NAME 'Type  Pomonkey  Pomonkey  Address (Street, c. ly lown, or county)  REMOVAL (Specify)  Sylvation  Sylvation  Address (Street, c. ly lown, or county)  Ly30/62  REMOVAL (Specify)  Sylvation  Address (Street, c. ly lown, or county)  REMOVAL (Specify)  Sylvation  Address (Street, c. ly lown, or county)  Address (Street, c. ly lown, or county)  REMOVAL (Specify)  Sylvation  Address (Street, c. ly lown, or county)  REMOVAL (Specify)  Sylvation  Address (Street, c. ly lown, or county)  REMOVAL (Specify)  ADDRESS  Accident  Accide	the, value, valu	p.m. 7/- 119(2   at work   2   filt 9 - AUSU   FSERIL HALL MO.
CHIEF MED CAL EXAM NER  ACTUAL SIGNATURE  EXAMINER'S NAME Type  Peter W. Rieckert, M.D.  Address (Street, c. i.y. lown, or county)  22a. BUR.AL, CREMATION, 22b DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  Pomonkey  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ASSISTANT MEDICAL EXAMINER  BIGNATURE  L/30/62  L/30/	T D D T T	
SIGNATURE  EXAMINER'S  Peter W. Rieckert, M.D.  Address (Street, c. ly town, or county)  22a. BUR.AL, CREMATION, 22b DATE THEREOF  Pomonkey  SIGNATURE  EXAMINER'S  NAME Type  Peter W. Rieckert, M.D.  Address (Street, c. ly town, or county)  22a. BUR.AL, CREMATION, 22b DATE THEREOF  Pomonkey, Maryland  23 UNESAL DREGOR  ADDRESS  ADDRESS  24a. REC'D BY REGISTRAR'S SIGNATURE  24b. REGISTRAR'S SIGNATURE		
EXAMINER'S Peter W. Rieckert, M.D.  Address (Street, c. ly lown, or county)  22a. Bur.Al., CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C. ly, lown, or country)  REMOVAL (Specify)  Burail 5/2/1962 Bumpy Oak Cemetery  Pomonkey, Maryland  27 UNEEL DREGOR ADDRESS  ADDRESS  24a. REC'D BY REGISTRAR'S SIGNATURE	TED The DIS	ACTUAL ALAO CHI IN. RUNG A ASSISTANT MEDICAL EVAMINER C. DATE SIGNED
NAME 'Type Peter W. Rieckert, M.D.  Address (Street, c. ly town, or county)  22a, Bur.AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C. ly, town, or country)  REMOVAL (Specify)  Burail  5/2/1962  Bumpy Oak Cemetery  Pomonkey, Maryland  23d Unestal Decider  Address (Street, c. ly town, or country)  22a, Bur.AL, CREMATION, 22b DATE THEREOF  22a, NAME OF CEMETERY OR CREMATORY  22d LOCATION (C. ly, town, or country)  Burail  23d Unestal Decider  Address (Street, c. ly town, or country)  22d LOCATION (C. ly, town, or country)  24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	Cute cute for ALL great	Medical Investigator x
burall 5/2/1902 Bumpy Oak Cemetery Pomonkey, Maryland  23 Juneal Dredon Address  Address  VS. Alsme  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	oke oke Ald Hall Hall Hall Hall Hall	NAME Type Peter W. Rieckert, M.D. Address (Street, city town, or county)
burall 5/2/1902 Bumpy Oak Cemetery Pomonkey, Maryland  23 Juneal Dredon Address  Address  VS. Alsme  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	DE:	22a. BUR.AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State,
VS. AISME - Calhart Tuncial Home one	5 2 4 5 9	Burail 5/2/1962 Bumpy Cak Cemetery Pomonkey, Maryland
5M 9/60   Archart Funeral Home, IncLa Plata, Md.   DATEAY 3 '62   Cistum 2. 70000	VS AISME	Children T I dead and Albania Common
		Archart Funeral Home, IncLa Plata, Md.   OAMAY 3 '62   Citture 2. 700000



04474

the funeral director, should be filed with

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

TO HOSPITAL OR ATTEND

TO FUNER.

VR A15 [4] 1SM 9/59

may be referred by the result of an attending physician.

2 FUNER, CIRECTOR: After this cert ficate has been signed by the attending physicion and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 the State Baard of Health prior to buriol, cremation, or removal, and in any event, within 72 hours/offer death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF AORE 1, MARYLAND

r	SIMIIZIICAL	KE2FWKCH	AND	KECOKDS	- BALLIV
	CE	RTIFIC	ATE	OF D	EATH

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
d. COUNTY MARYLAND	o. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c CITY OR JOWN (If obtaide corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  (I ANS // EMORIA)	d. STREET ADDRESS  6 IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) F. DESALES	HARPER DEATH APRIL 13 196
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8 DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHERS NAME 1 homas Harper	Lebeced Makle
15. WAS DECEASED EVER IN U. S. ARMÉD FORCES?  (If yes give wor or doles of service)  (If yes give wor or doles of service)	Address ELRA FIAKFEK, 1 1/12 Line 1-71
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.  (b)  DUE TO  Lying couse lost.	clerosis 10 years
CATIC	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
	ED. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21 I certify that (1) (this haspytal) attended the deceased fram saw the deceased alive an	death occurred at AM, from the causes and an the date stated above
220 SIGNATURE 72 Minar	MD ATTENDING STAFF STAFF STAFF ATTENDING PHYS. STAFF
22c. PHYSICIANS NAME (Type) F. M. SOHNSON M.	U.D. LA FLATA, Md.
230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL tems 2. USUAL RESIDENCE (Where decesed lived, if institution Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Charles Marvland Charles MARYLAND b. CITY OR TOWN (if outside corporale I m ts. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) y is nece write RURAL and give neerest town] your d of l Patuxent City Patuxent Ci**t**v d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ŏ ON A FARM? be retailed YES NO 3. NAME OF M.ddla 4. DATE Month Yaar DECEASED OF and 3 to the (Type or print) DEATH 19 62 LOCKS BESSIE ×ith 6. COLOR OR RACE 7. MARRIED IX NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) Months Hours age 5 ma 1 and 2 v 72 hours WIDOWED [ DIVORCED Fmeale 10a. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed willing Pages 1, 2 in pencil in Item 18. Give Pages 1, 2 done during most of working life, even if retired) pages 1 within 13. FATHER'S NAME ARMED FORCES? 16 SOCIAL SECURTY NO., 17. INFORMAN (Yes, no, or unkown) i (If yes give were rdeles of service) certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute alcohelism IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause us 10 "pending" DUE TO (a), stelling the underlying SE 20 PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? 3 YES X WOL NO Pino 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief J · 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF NJURY Month, Dey, Yeer 20f. (City or lown: (County) forwarded to the Chi fectory, street, office bldg , etc.) Not While MEDI Hour a.m. While et work et work 21 I certify that I took charge of the remains described above, held an Autopsy (X). Inspection and in my opinion death resulted from: Natural causes X Suic de Homicide Undetermined manner CHIEF MEDICAL EXAMINER TO designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME Type) Address (Street rily town or county) BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. MOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 p 23. FUNERAL DIRECTOR ADDRESS 246 REC'D BY REGISTRAR . 246, REGISTRAP S SIGNATURE VS. A15ME 5M 9,6D

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION.GE STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I'yad, If institution, Rasidence before admission) a. COUNTY b. COUNTY CHARLES MARYLAND b. CITY OR TOWN of outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARBURY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? 3. NAME OF DECEASED MILLS BIRD DEATH (Type or print) 1962 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE (In years of UNDER 1 YEAR JF JNDER 24 HRS. lest birthday) Months | Days 10a. USJAL OCCUPATION (Giva kind of work or fore a puntry) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) KING GEORGE, VA. MSWFE 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME Addrass MARRURY, MZ MARY MACDALIENE SOUTHERLAND 18. CAUSE OF DEATH [Enter only one cause per l'na for (a) (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. ACCIDE VASCULAR MINUTE IMMEDIATE CAUSE (a) DUE TO YPERTENSIVE Conditions, if any, which " gava rise to Immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISE PART 1(a) 19. WAS ALTOPS! PERFORMED? PNEUMONIA NO Z 206. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part I of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED . 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Hour a.m. Whila Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from. 1962 to 4/25/ 195 2 that (1) (we) last saw the deceased alive on land 19.62 and that death occured at P.M., from the causes and on the date stated above. 22a SIGNATURE DIRECTOR 23a. BURIAL, CREMATION, 23b / DATE 23d LOCATION (City, town or county) 23c. MAME OF CEMETERY OR CREMATORY (Stala) O To REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4)



114477 CERTIFICATE OF DEATH Reg. Dist. No 04475 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY Char Les be filed MARYLAND Haryland b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) RURAL and give negrest town) 200 Indian Hosel Indian Head Md d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? 211 Hölden Read 211 Holden Road YES NO 12 3. NAME OF 4. DATE First Middle Last Month Year Day THE RESERVE 4-4-62 (Type or print) DEATH Jones Prancis Marchy 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs DIVORCED T WIDOWED | Male  $W=\Pi S$ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Norfolk. Va. USA U.S. Govt. Glerical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car mave Marion Veronica James Francis Murphy IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) 229-14-9918 attending Wife-Wrs J.F.Murthy 211-Holden 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH 귭 PART I. DEATH WAS CAUSED BY: Coronary Occlusion Immediate DUE TO Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMED? YES NO IN 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 3 29 62 , and that death occurred at 10-30PM, from the causes and an the date stated above. alive an 4-4-62 ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** 17-Potomac Ave. Indian Head Md. 1.1.40 SIGNATURE" Pa õ PHYSICIAN'S NAME (Type) Jones F. A. draws MD Andy De J 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Norfolk . Virginia /1962 Forest Lawn Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Archart Funeral Home DATER 9 VS A1S (4) Inc. - La Plata Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

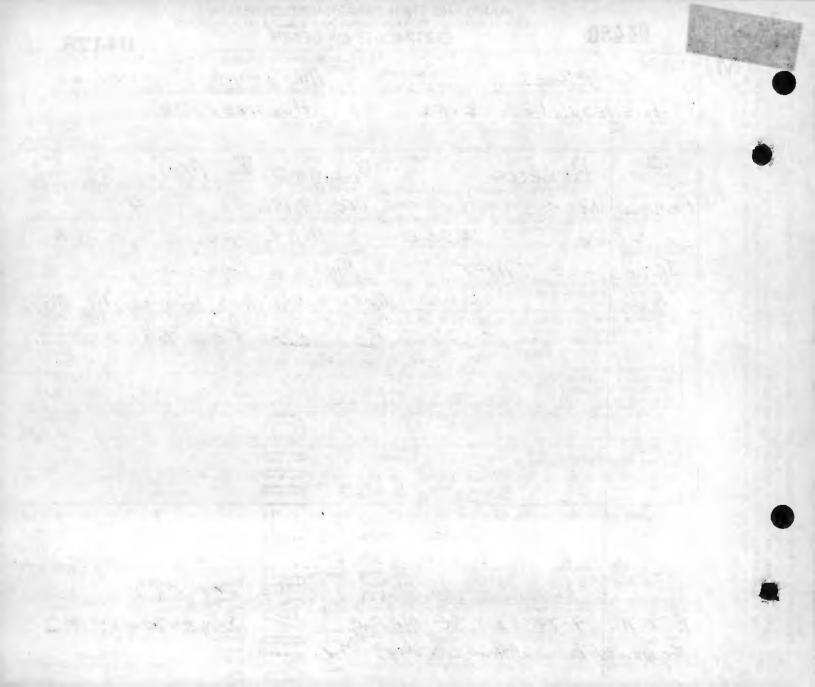
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) fled a. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (if autside carporate limits, write funeral c CITY OR TOWN (If autside carparate timits, write RURAL and give negrest town) c LENGTH OF STAY IN 15 be RURAL and give pearest town) T d. STREET ADDRESS a. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? NSTITUTION YES NO'S EMORIAL NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) DEATH 196 9, AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8 DATE OF BIRTH Manths. DIVORCED WIDOWED [ yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11. SIRTHPLACE (State or foreign country) during most of working life, even if retired) oug pan 2 13 FATHER'S NAME g physician errors within 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? yes, give war or dates of service ANTOWN MI Вu INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: 3day DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) factory, street affice bldg., etc MED Haur a. m While Nat while at work at wark p. m. 21 1 certify that (1) (this haspital) attended the deceased from 💆 🕹 19\_6, 4hat (1) (we) last - 19 C Cand that death accurred at 7 3 A., from the causes and an the date stated above saw the deceased alive an. 22a SIGNATUR 226 DATE SIGNED ATTENDING PHYS M.D DIRECTOR T 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fawn, ar county) (State) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	A A DAVE A SAD
	MARYLAND
HUR STATE 114473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04477
HEALTH DEP1. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution is	Residence before admission
. COUNTY CHARLES MARYLAND STATE MARYLAND 6. COUNTY CH	LODIES
	d give nearest town]
b. CITY OR TOWN (if outside corporate limits,  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (if outside corporate limits, write RURAL and  the BURAL And give nearest lown)  HUGHES VILLE - RURAL LIFE  HUGHES VILLE - RURAL  LIFE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS	e, IS RESIDENCE
	YES NO
3 NAME OF Fail Middle Last 4 DATE Month OF	Day Year
ESTATE (Typs or print) BENJAMIN THOMAS DEATH APRIL	9. 1962
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 legt birthday) Months.	YEAR IF JINDER 24 HRS.
THE NEGRO WIDOWED DIVORCED DIV	Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
FARMER FARMING MARYLAND	1.5.A.
13. FATHER'S NAME	
BENJAMIN HOMAS SR. UNKNOWN	
15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no gruphown] (Ifyesgivewarordatesofservice)	
RESTELLE THOMAS, THUGHESVI	LLE, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]  PART I. DEATH WAS CAUSED BY:	ONSET AND EATH
immediate Cause (a)	3 240
DUE TO ARTERIOSCLEROSK OF	MAILE
Conditions, If any, which are to immediate cause	
(a), stating the underlying DUETO	11
D C E D C Ceuse lost. (c)	11 a. 19. WAS AUTOPSY
PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTIONS CONTR	PERFORMED?
20a. EXTERNAL CAUSE WAS , 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of item 18)	AE2 T NO T
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Cou While Not While Ist work at work at work	
21. I certify that I took charge of the remains described above, held an Aulopsy . Inspection . Inquiry .	and in my opinion
death resulted from: Natural causes Dr. Accident . Suicide . Homicide . Undetermined manner	1
CHIEF MEDICAL EXAMINER	1
ACTUAL SIGNATURE ASS.STANT MEDICAL EXAMINER	DATE SIGNED
DEP. ITY MEDICAL EXAMINED	11/1/1/20
EXAMINER'S NAME (Typa)  Addrass (Street, c'ty, town, or county)	4/10/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
02405 BURIAL 4-12-62 ST MARYS DRYANTOWN, 1	MARYLANI
23. FUNERAL DIRECTOR ADDRESS 249. REC'D BY REGISTRAR   246. REGISTRAR'S SI	GNATURE *
5M 7/59 () The HUNTT FUNERAL HOME, WALDORF, MD. DATE OR 1 3 162 Chilling &	Kana

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 04480 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAY and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hospital, give street address) OR INSTITUTION YES NO 3. NAME OF 4. DATE Middle Year Manth DECEASED (Type or print) DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Mantha Days Hours WIDOWED [ DIVORCED [7] 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME .5 17. INFORMAN 16. SOCIAL SECURITY NO. ARMED FORCES? INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditians, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED YES [7] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. --- Not while While of work at work p. m. 21. I certify that (1) (this hospital) attended the deceased fram. , that (I) (we) last 1962, and that death accurred at A.M. from the causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. M.D. 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) 23b. DATE THEREOF TERY OR CREMATORY 23d. LOCATION (City, tawn, or county) BURIAL, CREMATION, (State) page the Sh 25b. REGISTRAR'S SIGNATURE DATE APR 2 3 '62 ---- & Thouse 15M 9/89



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18